**Integrated Monitoring & supervisory checklist for Health Facilities**

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| **DETAILS ON AVAILABLE PREVENTIVE PROGRAMS SERVICES** | | | | | |
| ***Name of facility:***  ***Category of facility: DHQ \_\_\_\_ THQ: \_\_\_\_ RHC: \_\_\_\_\_\_ BHU: \_\_\_\_\_ Private/ Other:\_\_\_\_*** | | | | | |
| ***Nutrition Services*** *(Check OPD, Child Health & Stock Register. To fill this section use HF data of previous month)* | | | | | |
| ***Number of children <5 years*** | Number: | | | | |
| ***Number of malnourished children diagnosed*** | Number: | | | | |
| ***Number of follow up of defaulted children maintained*** | Number: | | | | |
| ***Anthropometric Measurement Instrument*** | **Available** | | **Functional** | | |
| **Yes** | **No** | **Yes** | **No** | |
| **GENERAL COMMENTS & RECOMMENDATIONS** | | | | |
|  | | | | |
| **Signature of Monitoring Officer:** | | | | |
| **Name & Designation:** | | | | |
| **Date of Visit:** | | | | |

**USER GUIDE – Preventive Services - *Nutrition Services***

**Facility Description**

Write the name of Health Facility. Tick against the category in which this HF falls.

**Details on available Preventive Programs Services** (To fill this section use data of previous month)

**Nutrition services**

Check all the indicators given in the checklist and fill the checklist accordingly using data from OPD register.

**Overall observation and summary of findings/recommendations or follow up actions**

The supervisor will note the feedback or responses given by facility staff. Enlist the main problems identified during the visit and remedies/actions suggested with responsibility fixed in a given timeframe.

After filling the checklist the monitor will write his name, designation and date of the visit.